

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL
ILLINOIS
COMMERCE COMMISSION
May 7 10 42 AM '01
CHIEF CLERK'S OFFICE

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. 01-0366
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Sonix4U, Inc. :
:
Application for a certificate of :
Interexchange Authority :
to Operate as a Reseller :
of Telecommunications Services in :
State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

Applicant's Name(including d/b/a, if any)

FEIN # UH-383559228

Sonix4U, Inc.

Address: Street 24333 Southfield Road, Suite 103

City Southfield State/Zip MI 48075

Authority Requested: (Mark all that apply) _____13-403 Facilities Based Interexchange

__X__13-404 Resale of Local and/or Interexchange

_____13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

 X Part 710 Uniform System of Accounts for Telecommunications Carriers

 X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

 Section 735.180 Directories

 Other

For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Sonix4U, Inc. proposes to provide service throughout the State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application

David O. Klein
Representative of Sonix4U, Inc.
Telecom Certification & Filing, Inc.
485 Madison Avenue, 15th Floor
New York, NY 10022-5803
Tel. (212) 546-9090
Fax (212) 753-8101
e-mail: dklein@telfile.com

b) consumer issues

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898

c) customer complaint resolution

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898
Toll-free (800) 574-0304

d) technical and service quality issues

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898

e) “tariff” and pricing issues

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898

f) 9-1-1 issues

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898

g) security/law enforcement

Mr. Cristian Socianu
President
Sonix4U, Inc.
24333 Southfield Road, Suite 103
Southfield, MI 48075
Tel. (248) 424-8410
Fax (208) 439-3898

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please check type of organization?

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership	Date corporation was formed	August 31, 2000
	In what state?	Michigan
<input type="checkbox"/> Other (Specify)		

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

See attached as Exhibit 1.

9. List jurisdictions in which Applicant is offering service(s).

California and Michigan

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

_____ YES ___X___ NO

If YES, describe fully.

12. Has Applicant provided service under any other name?

_____ YES ___X___ NO

If YES, please
list. _____

13. Will the Applicant keep its books and records in Illinois? _____ YES ___X___ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

See attached as Exhibit 2.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See attached as Exhibit 3.

15. List officers of Applicant.

Cristian Socianu - President
Constantin Ninov - Vice President
Elisa Socianu - Secretary/Treasurer

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ___ YES ___X___ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Sonix4U, Inc. will bill its customers by and through its underlying carriers pursuant to contract.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Service, billing, and repair complaints will be handled by the Company's Customer Service Department available 24 hours a day, seven days a week. The Customer Service department can be reached by calling (800) 574-0304. On-site service and repair will be handled by underlying carriers personnel pursuant to contract.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ X YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 574-0304

Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ X YES ☐ NO

Please describe applicant's procedures to prevent slamming and cramming of customers?

Sonix4U, Inc. will not switch a customer's interexchange provider without first obtaining a proper Letter of Authorization ("LOA") from the Customer to do so. Sonix4U, Inc. will immediately respond to these reports through its Customer Service Department and will work with the particular customer and the Commission to resolve any and all such reports of slamming.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☐ YES ☐ NO (If no, please provide an explanation.) N/A

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See attached as Exhibit 4.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Global Crossing Telecommunication, Inc.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

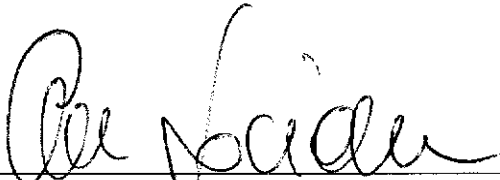
Sonix4U, Inc. intends to subscribe to and resell all forms of telephone service including interexchange services in the State of Illinois including: long distance services, Message Telephone Service, Wide Area Telephone Service, WATS-like services, Foreign Exchange Service, private lines, tie lines, access service, Calling Card Services, and other services of communications common carrier and other entities. Sonix4U, Inc. intends to provide service to both residential and business class customers throughout the entire State of Illinois.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO

N/A - No payphone service provided.



Cristian Socianu, President

VERIFICATION

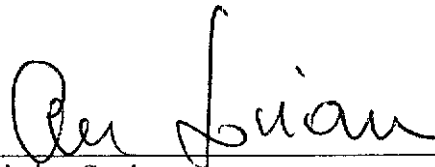
This application shall be verified under oath.

OATH

State of Michigan)
)ss
County of OAKLAND)

Cristian Socianu makes oath and says that he is President
of Sonix4U, Inc.

that he has examined the foregoing application and that to the best of his knowledge,
information, and belief, all statements of fact contained in the said application are true, and the
said application is a correct statement of the business and affairs of the above-named applicant in
respect to each and every matter set forth therein.



Cristian Socianu

Subscribed and sworn to before me, a Notary Public/ DELORES H. BROWN
(Title of person authorized to administer oaths)

in the State and County above named, this 20th day of March, 2001.



(Signature of person authorized to administer oath)

DELORES H BROWN
Notary Public, Oakland County, MI
My Commission Expires Jul 28, 2004